## 2005 FOR PROFIT CORPORATION

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	ANNUAL 2004 Ameritade MEAT # 283990001	REPORT	 	erved. Used with be	$\frac{130.2005}{1000}$
DOCU  1. Entity Nam	MENT # 683000001	1 Novacy Statemer	t Swatt	Statement   Pri	egratary of Stat
	ÄKE VENTURE, INC.				
Principal Plac	e of Business	Mailing Address			
1381-91 CL COCOA, FL	EARLAKE RD. 32922	3815 SUNWARD DR. Merritt Island, FL 32953			
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				04042005 No Cha B	CD0E024 (40/02)
	O NOT WRITE	IN THIS SPA	CE	01042005 No Chg-P	CR2E034 (10/03)
				4. FEI Number 59-3161347	Applied For Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current I	Registered Agent	_	1	
	NORMAN			DO NOT V	VRITE
3815 SUNWARD DR. MERRITT ISLAND, FL 32953				IN THIS S	ferferitateateate to dominate at lateratical distance.
8. The above	named entity submits this statement for	the purpose of channing its registr	ered office or register	ad agent of both in the State of	Elorida Lam familiar with and accord
	tions of registered agent.	the purpose of elianging its registr	crea office of register	od agent, or both, it life diale of	rionda. Tan ramiliai wiiii, and accept
SIGNATURE.	Signature, typod or printed name of registered agent a	and the financiable MOTE Benefit	ered Agent signature required	turbo in accretion)	DATE
<del></del>	Signature, types of printed harter of registrood agent of			· · ·	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campalgn Fin Trust Fund Contribution		.00 May Be ed to Fees	
10.	OFFICERS AND				
TITLE	PT -				<del>stabalulus ja kuolokululus suudaksi</del> Tuodolidididid ole kuuluus suudaksi si Tuodolidididid ole kuu
NAME Street address	DERMER, NORMAN 3815 SUNWARD DR.			UOO	00281375
CITY-ST-ZIP	MERRITT ISLAND, FL 32953			09/90/	15-80059-022 150.00
title Name	VPS DERMER, BERNICE	-			
STREET ADDRESS CITY-ST-ZIP	3815 SUNWARD DR. MERRITT ISLAND, FL 32953				
TITLE	MAZINI NODINO, 12 OZGO				
NAME STREET AUDRESS					
CITY-ST-ZIP				DO NOT V	
title Name				IN THIS S	PACE
STREET ADDRESS					
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NAME STREET ADDRESS					
City-st-zip	cortify that the information associated associated	The filling close not mustiful for the	vemption stated in C	notion 149 07/20/3 Elected States	E. Livethor cortife that the Information
indicated of the cor	certify that the information supplied with lon this report or supplemental report is rporation or/th <u>e r</u> eceiver or trustee embo	true and accurate and that my sign wered to execute this report as req	nature shall have the :	same legal effect as if made und	er oath; that I am an officer or director
changed	or on an attachment with an address, v	htt all other like empowered.	K	3/20	
SIGNAT	TURE:	PRINTED NAME OF SIGNING OFFICER OR DIFF	Tu-	2/22	Daytime Phone #
		Imme or woming or rived OH OHI		Date	And sold Clinical